

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: William J. Rea, MD, et al

Attorney Docket No.: 16715/CPA

Serial No. 08/902,692

Art Unit: 1644

Filed: July 30, 1997

Examiner: Schwardon, Ph.D., R.

For: AUTOGENOUS LYMPHATIC FACTOR FOR

MODIFICATION OF T AND B LYMPHOCYTE PARAMETERS

INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner of Patents
Box CPA
Washington, D. C. 20231

Sir:

Pursuant to the provisions of 37 CFR §§ 1.56, 1.97, and 1.98 and MPEP 609, Applicants submit herewith a completed Form PTO-1449, "Information Disclosure Citation."

A copy of each document listed on this Form PTO-1449 is also submitted.

Consideration by the Examiner of each of the documents listed on Form PTO-1449 is respectfully requested. Applicants respectfully request that a copy of PTO-1449, as considered and initialed by the Examiner, be returned to the undersigned with the next Official Communication.

The filing of this Information Disclosure Statement shall not be construed as a representation that a search has been made. 37 CFR § 1.97(g). Furthermore, the filing of this Information Disclosure Statement shall not be construed to be an admission that the information cited in this Statement is, or is considered to be, prior art, analogous art, or material to patentability of this application, but the information has been cited to make it clear beyond all doubt that Applicants' duty of disclosure has been complied with. 37 CFR § 1.97(h).

This Information Disclosure Statement is being filed within three months of the filing date of the national application. Applicants do not believe that a certification or fee is required for this Information Disclosure Statement.

The Commissioner of Patents and Trademarks is hereby authorized to charge any fees relating to this Information Disclosure Statement under 37 CFR § 1.17 to Deposit Account No. 03-3840. A duplicate copy of this fee authorization sheet is enclosed for this purpose.

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126	240
208	162

#14
(18 claims)

Date: December 20, 1999

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Todd E. Albanesi

Printed Name of Person Mailing Paper or Fee

Todd E. Albanesi

Signature of Person Mailing Paper or Fee

Respectfully submitted,

Todd E. Albanesi

Todd E. Albanesi, Reg. 36,426
CRUTSINGER & BOOTH
1601 Elm Street, Suite 1950
Dallas, Texas 75201-4744
(214) 220-0444; Fax (214) 220-0445

Attorneys for Applicant